

L14000163783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

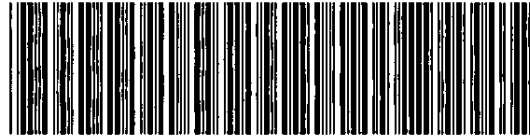
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/17/14--01026--004 \*\*160.00

Effective Date

1/1/15

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14 OCT 17 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2014

T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABBY TOURS "LLC."  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK CRAIG BLECHTA  
Name of Person

ABBY TOURS "LLC."  
Firm/Company

359 BRICKYARD DRIVE  
Address

CHASKA, MN 55318  
City/State and Zip Code

blechtas@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

F. CRAIG BLECHTA at ( 904 ) 460-3991  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Effective Date

1/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABBY TOURS\* LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

96101 STONEY CREEK PKWY.  
FERNANDINA BEACH, FL 32034

Mailing Address:

PO. BOX 474  
360 BRICKYARD DRIVE  
CHASKA, MN 55318

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

FRANK CRAIG BLECHTA

Name

96101 STONEY CREEK PARKWAY

Florida street address (P.O. Box NOT acceptable)

FERNANDINA BEACH

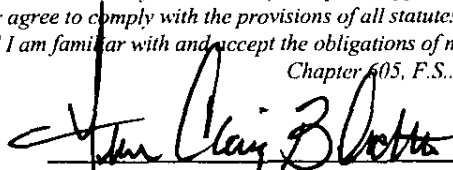
City

FL 32034

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

"AMBR"

DATRICE ANN BLECHTA  
359 BRICKYARD DRIVE  
CHASKA, MN 55318

"MGR"

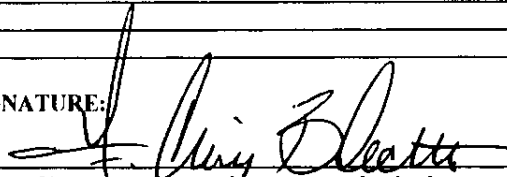
FRANK CRAIG BLECHTA  
96101 STONEY CREEK DRWY.  
FERNNADNA BEACH, FL 32034

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1 2015 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FRANK CRAIG BLECHTA

Typed or printed name of signer

**Filing Fees:**

- ✓ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

**FILED**  
14 OCT 17 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA